



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
REQUEST FOR CANCELLATION OF AN ESTABLISHMENT LICENSE

STATE BOARD OF COSMETOLOGY AND
BARBER EXAMINERS
P.O. BOX 1062
JEFFERSON CITY, MO 65102
(573) 751-1052
OR 1-866-762-9432

Instructions to Licensee: Complete this form if you are **closing** your **current** establishment or **selling** your **current** establishment to another individual. If you are selling your establishment, the **new owner must apply for a new establishment license** by submitting the appropriate application and fee

SECTION A: ESTABLISHMENT INFORMATION

ESTABLISHMENT LICENSE NUMBER

NAME OF ESTABLISHMENT	ESTABLISHMENT TELEPHONE NUMBER
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ESTABLISHMENT PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
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NAME OF LICENSEE/OWNER/CORPORATION	ESTABLISHMENT TELEPHONE NUMBER
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LICENSEE/OWNER/CORPORATION ADDRESS	CITY	STATE	ZIP CODE
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<input type="checkbox"/> I sold this business to:	EFFECTIVE (MONTH/DAY/YEAR)
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<input type="checkbox"/> I closed this business	EFFECTIVE (MONTH/DAY/YEAR)
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I declare under penalty of perjury under the laws of the State of Missouri the foregoing is true and correct.

SIGNATURE OF LICENSEE/OWNER/CORPORATION	DATE
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